

Exhibit “B” to Amended Verified Petition



MINING PERMIT APPLICATION AND RECLAMATION REPORT

1. N.Y.S. MINE FILE NO.		2. NAME OF APPLICANT OR PERMITTEE		3. TELEPHONE NO. (Include Area Code)	
		METHUEN TRUCKING		(914) 564-0875	
4. MAILING ADDRESS		RD #1 Rock Cut Road, Walden N.Y. 12586		5. COMMON NAME OF MINE	
		ORANGE		N/A	
6. LOCATION OF MINE		U.S.G.S. DESIGNATION		7. TYPE OF SUBMITTAL	
County		(a) WALDEN QUAD		<input type="checkbox"/> Original Application	
Town		(b) 2.5 Minutes		<input type="checkbox"/> Renewal Application	
MONTGOMERY		(c) 9 Inches Top		<input type="checkbox"/> Amendment Application	
		(d) 1 Inches Right		<input type="checkbox"/> Reclamation Report	
8. PERMIT TERM:		9. STATUS OF OTHER N.Y.S. MINE FILE NUMBERS, LIST FILE NUMBERS UNDER APPROPRIATE HEADING.			
Previous Term		Active		Suspended	
<input type="checkbox"/> Annual		Inactive		Revoked	
<input type="checkbox"/> Triennial					
Coming Term					
<input type="checkbox"/> Annual					
<input checked="" type="checkbox"/> Triennial					
10. Has any owner, partner, corporate officer or corporate director of your organization ever held any of these positions in another organization which has had a New York State mining permit SUSPENDED OR REVOKED or has had a New York State mined land reclamation bond FORFEITED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		11. COMMON OR COMMERCIAL NAME OF THE MINERAL TO BE MINED			
		SHAPE			
15. ESTIMATED NO. OF ACRES TO BE AFFECTED BY MINING DURING THE:		12. TYPE OF GEOLOGIC DEPOSIT		13. TYPE OF MINE	
A. Coming Year — 2 — Acres				<input checked="" type="checkbox"/> Surface Consolidated	
B. Remainder of Year — 4 — Acres				<input type="checkbox"/> Surface Unconsolidated	
				<input type="checkbox"/> Underground	
17. NAME AND MAILING ADDRESS OF THE MINERAL OWNER		18. NAME AND MAILING ADDRESS OF THE SURFACE LANDOWNER			
N/A		VIRGINIA THORNTON RD1, Rock Cut Road			
19. As the surface landowner of the property which is to be mined, I have been advised by the applicant of the contents of the reclamation plan.		20. What is the present zoning classification of the property to be mined?			
Signature of Landowner: <i>Walden</i>		RA-1 RESIDENTIAL AGRICULTURE 1920			
DATE 3-5-82		21. Does the proposed land-use objective conform to officially adopted COUNTY and/or TOWN planning? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No", explain in block 25.			
		22. Does local government have any reclamation standards which apply to this mine? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", explain below in block 25.			
		23. Is the applicant required to have a local mining permit? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If "Yes", enter the Permit Identification No.			
		24. Is the applicant required to have a local mining reclamation bond? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", what is the (a) amount of the bond \$			
		(b) name and address of the surety			
25. COMMENTS RELATIVE TO QUESTIONS IN SECTION D					
26. NAME AND MAILING ADDRESS OF LOCAL GOVERNMENT:		TELEPHONE NO.			
TOWN OF MONTGOMERY 74 MAIN STREET		(914) 778-5651			
WALDEN N.Y. 12586					
27. As the Chief Administrative Officer of the municipality having immediate jurisdiction over the proposed mine site, I have been advised by the applicant of the contents of the reclamation plan.					
NAME, TITLE AND SIGNATURE OF CHIEF ADMINISTRATIVE OFFICER					
CARY HELSTROM Supervisor					
28. NO. OF ACRES		29. ESTIMATED NO. OF ACRES TO BE AFFECTED DURING THE COMING YEAR		Acres	
(A) Affected 4 AND (B) Reclaimed 4				2-3	
30. DESCRIBE RECLAMATION PERFORMED DURING THE REPORT PERIOD:					
AREAS MINED TO PROPOSED FINE GRADE TO BE COVERED WITH 4" TOP SOIL and Seeded with a Kentucky Blue Grass, PER GRASS SEED MIXTURE					
31. DESCRIBE ANY PROPOSED CHANGE IN THE RECLAMATION SCHEDULE:					
32. DO YOU REQUEST A REDUCTION IN THE AMOUNT OF THE RECLAMATION BOND? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", explain:					